

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Sunrise Healthcare System Good Government PAC

Name (print)

Office (if applicable)

District (if applicable)

Wayne P. Salem

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E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☒ ANNUAL FILING

☐ Report #1 Due — March 29, 2005

Period: Jan. 1, 2005 - Mar. 24, 2005

☐ Report #2 Due — May 31, 2005

Period: Mar. 25, 2005 — May 26, 2005

☐ Report #3 Due — July 15, 2005

Period: May 27, 2005 — June 30, 2005

☒ Annual Filing — Due January 15, 2006

Period: January 1, 2005 — December 31, 2005

For Office Use Only

FILE

JAN 17 2006

DEAN HELLEN
SECRETARY OF STATE

CONTRIBUTIONS SUMMARY

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

This Period

1. Total Monetary Contributions Received in Excess of \$100

\$24,000.00 / \$24,000.00 /

2. Total Monetary Contributions Received of \$100 or Less

\$0.00 / \$0.00 /

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

\$0.00

3. Total Amount of Monetary Contributions
Received

\$24,000.00 / \$24,000.00 /

(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in
Excess of \$100

\$0.00

\$0.00

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

\$24,750.00 / \$24,750.00 /

6. Total Monetary Expenses Paid of \$100 or Less

\$45.63 / \$45.63 /

7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)

\$24,795.63 / \$24,795.63 /

8. Total Value of In Kind Expenses in Excess
of \$100

\$0.00

\$0.00

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

CAMPAIGN EXPENSESReport Period **Annual**

Sunrise Healthcare Good Government PAC

Name (print)

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Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSESReport Period **Annual**

Sunrise Healthcare Good Government PAC

Name (print)

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Expenses in Excess of \$100**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Senator Barbara Cegavske 6465 Laredo St. Las Vegas, NV 89146	J	January 5, 2005	\$1000.00 ✓
Senator Joe R. Heck P.O. Box 530520 Henderson, NV 89053	J	January 5, 2005	\$750.00 ✓
Assemblyman Kevin Atkinson 5631 Indian Springs St. N. Las Vegas, NV 89031	J	January 5, 2005	\$500.00 ✓
Assemblyman Harry Mortenson 3930 El Camino Rd Las Vegas, NV 89103	J	January 5, 2005	\$500.00 ✓
Assemblywoman Marilyn Kirkpatrick 4747 Showdown Drive N. Las Vegas, NV 89031	J	January 5, 2005	\$500.00 ✓
Assemblyman John Ocegüera 1445 Tradewind Court Las Vegas, NV 89123	J	January 5, 2005	\$500.00 ✓
Assemblyman Bob McCleary 2205 Flower Ave. N. Las Vegas, NV 89030	J	January 5, 2005	\$1000.00 ✓
County Commissioner Tom Collins 471 W. San Miguel Ave. N. Las Vegas, NV 89032	J	January 5, 2005	\$1000.00 ✓
Campaign for the election of Steve Hill as Lt. Governor 1520 Castlewall St. Las Vegas, NV 89117	J	January 5, 2005	\$1000.00 ✓

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CAMPAIGN EXPENSESReport Period **Annual**

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Expenses in Excess of \$100**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Nevada Health Pac 5250 Neil Road, Suite 302 Reno, NV 89502	J	July 20, 2005	\$5,000.00 -
County Commissioner Myrna Williams 3441 Sioux Way Las Vegas, NV 89109	J	August 9, 2005	\$1,000.00 -
Jim Gibbons 475 South Arlington, Suite 2C Reno, NV 89501	J	August 26, 2005	\$2,500.00 -
Assemblywoman Valerie Weber 10001 Harpoon Circle Las Vegas, NV 89117	J	November 21, 2005	\$500.00 -
Assemblywoman Sheila Leslie 825 Humbolt Street Reno, NV 89509	J	November 28, 2005	\$500.00 -
Senator Bernice Mathews P.O. Box 7176 Reno, NV 89510	J	November 28, 2005	\$1,000.00 -
Senator Maurice Washington P.O. Box 7176 Sparks, NV 89515	J	November 28, 2005	\$1,000.00 -
Senator Ralph Townsend P.O. Box 20923 Reno, NV 89515	J	November 28, 2005	\$1,000.00 -
Chairman County Commission Rory Reid 500 Grand Central Parkway Las Vegas, NV 89106	J	December 2, 2005	\$500.00 -

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CAMPAIGN EXPENSESReport Period **Annual**

Sunrise Healthcare Good Government PAC

Name (print)

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Expenses in Excess of \$100**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Barbara Cegavski 6465 Laredo Street Las Vegas, NV 89146	J	December 5, 2005	\$1,000.00 -
Senator Dina Titus 1637 Travois Circle Las Vegas, NV 89119	J	December 14, 2005	\$1,000.00 -
Assemblywoman Barbara Buckley 5442 Holbrook Drive Las Vegas, NV 89103	J	December 14, 2005	\$1,000.00 -
Assemblyman Garn Mabey Jr. 1404 Silver Oaks Street Las Vegas, NV 89119	J	December 14, 2005	\$1,000.00 -
Senator Dina Titus 1637 Travois Circle Las Vegas, NV 89119	J	December 16, 2005	\$1,000.00 -

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) *A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution;* (2) *A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

Example of in kind expenses: (1) *A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*

**IN KIND CAMPAIGN
CONTRIBUTIONS**Report Period

Annual

Sunrise Healthcare Good Government PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
None-----	-----	-----	-----	-----

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**IN KIND CAMPAIGN
EXPENSES**

Report Period Annual

Sunrise Healthcare Good Government PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
None-----	-----	-----	-----

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Prescribed by Secretary of State

NRS 294A.120, 294A.125,

294A.140, 294A.150, 294A.160

294A.200, 294A.210, 294A.220, 294A.360, 294A.362, 294A.365